PATENT APPLICATION

DECLARATI	ION AND POWE	R OF ATTORNEY
FOR PATEN	IT APPLICATION	<i>l</i>

ATTORNEY DOCKET NO. 200208949-1

As a below named inventor, I hereby declare that:

My residence/post offic	e addre	ss and citizenship ar	e as stated below next :	to my name;		
I believe I am the origin joint inventor (if plural patent is sought on the	names	are listed below) of	only one name is listed the subject matter whi	below) or an ori ch is claimed an	ginal, first and did for which a	
FORESTALLING USE OF			ITIFIERS			
the specification of wh	ich is at	tached hereto unless	the following box is ch	ecked:		
			plication No. or PCT Into		ation	
Number		and was ame	nded on	(if applicable	a).	
including the claims, a	s ameno	ded by any amendm	od the contents of the lent(s) referred to abov bility as defined in 37 C	e. I acknowledg	ge the duty to	
Foreign Application(s) and/or	Claim of	Foreign Priority				
I hereby claim foreign priorit inventor(s) certificate listed t a filing date before that of th	elow and	have also identified belo	States Code Section 119 of a wany foreign application for claimed:	any foreign application patent or inventor(s)	on(s) for patent or certificate having	
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UI	NDER 35 U.S.C. 119	
				YES:	NO:	
				YES:	NO:	
Provisional Application				J.,		
I hereby claim the benefit u below:	nder Title	35, United States Code	Section 119(e) of any United	States provisional a	ipplication(s) listed	
		APPLICATION NUMBER	FILING DATE			
insofar as the subject matte	r of each t paragrap le 37, Coo	of the claims of this app oh of Title 35, United Sta de of Federal Regulations,	, Section 120 of any United discation is not disclosed in the second Section 112, I ack Section 1.56(a) which occur is application:	e prior United States nowledge the duty t	o disclose material	
APPLICATION NUMBER		FILING DATE	STATUS I	STATUS (patented/panding/abandoned)		
POWER OF ATTORNEY: As a named inventor, I her business in the Patent and T	reby appo rademark	int the following attorne Office connected therew	ey(s) and/or agent(s) to pros	ecute this application	n and transact all	
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made on information with the knowledge	and be that wi Lunder	lief are believed to Ilful false statemen Section 1001 of Ti	of my own knowledge be true; and further that ts and the like so ma tle 18 of the United St application or any pate	at these stateme ade are punisha ates Code and t	ints were made ible by fine of hat such willfu	
Full Name of Inventor: Ke	vin Mich	nael Goodwin	Citizenship:_U	S.A.		
		bara, CA				
Post Office Address: 1	035 Mir.	amonte Drive, #4, S	anta Barbara, CA 93109	9		
	P		. /- /			